



PTO/SB/82 (01-06)

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ATTORNEY WITH
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Application Number	09/761,893
Filing Date	01-17-2001
First Named Inventor	Shih-Chieh Hung
Art Unit	1636
Examiner Name	GARVEY, TARAL
Attorney Docket Number	11709-003001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		
Name	Wai-Hee Lo	
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 2 forms are submitted.

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Address	Dept. of Orthopaedics and Traumatology, Veterans General Hospital-Taipei 201, Sec. 2, Shih-Pai Road		
City	Taipei	State	Taiwan
Country	Republic of China		
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SIGNATURE of Applicant or Assignee of Record

Signature	Shih-Chieh Hung		
Name	Shih-Chieh Hung		
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